

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-375)**

SERIAL NO.

10/585398

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		0				
5		0				
6		0				
7		1				
8		2				
9		1				
10		2				
11		1				
12		1				
13		1				
14		2				
15		1				
16	1					
17		1				
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47		1				
48		1				
49		1				
50		1				
TOTAL IND.	2	↓		↓		↓
TOTAL DEP.	23	←		←		←
TOTAL CLAIMS	25					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						